

2397

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 125

Place of Birth Tafford County Graham No.        St.         
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? <u>      </u>	and	Number in order of birth <u>      </u>
DATE OF BIRTH* <u>June</u> <u>28</u> <u>1913</u> (Month) (Day) (Year)			
FULL NAME <u>Stanley LeRoy Crandall</u>		FATHER	
FULL MAIDEN NAME <u>Elizabeth Claridge</u>		MOTHER	

I HEREBY CERTIFY that the child described  
herein has been named

Earl Claridge Crandall  
(Give name in full) (Surname)

J. M. Healey  
(Parent's Signature)  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

✓ 533.628.535